

Supplemental Application Data Sheet

Application Information

Application number::	10/789,842
Filing Date::	02/27/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Flavivirus Vaccines
Attorney Docket Number::	06132/065003
Request of Early Publication?::	No
Request of Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	Yes
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: P.
Family Name:: Monath
Name Suffix::
City of Residence:: Harvard
State or Province of Residence:: MA
Country of Residence::
Street of mailing address:: 21 Finn Road
City of mailing address:: Harvard
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 01451

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Farshad
Middle Name::
Family Name:: Guirakhoo

Name Suffix::

City of Residence:: Melrose

State or Province of Residence:: MA

Country of Residence::

Street of mailing address:: 39 Chestnut Street

City of mailing address:: Melrose

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02176

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Juan

Middle Name::

Family Name:: Arroyo

Name Suffix::

City of Residence:: ~~Gaithersburg~~Rockville

State or Province of Residence:: MD

Country of Residence::

Street of mailing address:: ~~9890 Washingtonian Blvd. Apt. 303~~ 1014 Grand
Champion Drive

City of mailing address:: ~~Gaithersburg~~Rockville

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: ~~20878~~20850

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Konstantin
Middle Name::
Family Name:: Pugachev
Name Suffix::
City of Residence:: Natick
State or Province of Residence:: MA
Country of Residence::
Street of mailing address:: 26 Harwood Road
City of mailing address:: Natick
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 01760

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-In-Part of	10/345,036	01/15/03
10/345,036	An application claiming the benefit under 35 USC 119(e)	60/348,949	01/15/02
10/345,036	An application claiming the benefit under 35 USC 119(e)	60/385,281	05/31/02

Assignee Information

Assignee name::	Acambis Inc.
Street of mailing address::	38 Sidney Street
City of mailing address::	Cambridge
State of Province of mailing address::	MA
Country of mailing address::	
Postal or Zip Code of mailing address::	02139